DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

Registration District No. 362

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10878

Primary Registration District No. 4531

Registrar's No. 7

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County Warren. 1

(c) City or town Warrenton (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mollie Frances Yocum

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Wade Yocum

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October 8, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	4	26	..... hr. ..... min.

9. Birthplace Warrenton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER

12. Name David Woodruff Randolff

13. Birthplace Hamilton (City, town, or county) Ohio 1 (State or foreign country)

MOTHER

14. Maiden name Hulda Ann Martin

15. Birthplace Trenton (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Frank Yocum

(b) Address Warrenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F W Niebing + Co

(b) Address Warrenton, Mo.

19. (a) Mar. 6 1945 (Date received local registrar) (b) John A Babermeyer (Registrar's signature)

1264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1945 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from May 22, 1944 to March 4, 1945 that I last saw her alive on March 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nutritional Edema (Inanition) following a broken hip	3 months
Due to	
Due to	
Other conditions Broken hip & Senility (Include pregnancy within 3 months of death)	4 yrs

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 109

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury ✓

23. Signature John H Dyer (M. D. or other)

Address Warrenton Mo Date signed 3/5/45

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John E. Herlinger, Registered Apprentice No. 375 working under my personal supervision.

Signed John F. Huebner

Licensed Embalmer No. 38

P. O. Address Warrenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie F Youm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 8 (Day) 1863 (Year)

8. AGE: Years 81 Months 4 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence May 21st 1944

(c) Where did injury occur? Warrenton Warren Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home due to a fall (Specify type of place)

While at work? yes (e) Means of injury accident

23. Signature John H Bug (M. D. or other)

Address Warrenton Mo Date signed 3/30/45

SUPPLEMENTARY

10878